



MEMBERSHIP NOMINATION FORM

Mr. Mrs. Miss. Ms.

Name in full: (Please print).....

Address:

Suburb: Postcode:

Telephone. No. Mobile. No. Bus. No.

Email address:

Profession or occupation: Date of Birth:

Membership Category: (Please tick required category)

7 DAY: 6 DAY: NON HANDICAP: INTERMEDIATE:
18 - 23 YEARS

5 DAY: JUNIOR: ANGELS 100: INTERMEDIATE:
COUNTRY:

HAVE YOU EVER BEEN A MEMBER OF TGC YES\NO:

Name of last Golf Club at which you were a member:

Current Handicap: Golf Link No: Home Club:.....

PROPOSER:.....Mem.No..... SECONDERMem.No.....

I agree that I will be bound by the Constitution of Toukley Golf Club Limited if accepted for membership by the Board of Directors. I understand that in making application for membership of the club I acknowledge and accept that I will be subject to the Golf Australia Handicapping System and that my handicap may be reviewed at the absolute discretion of the Board of Directors on the basis of any cards returned in any competition. By making application to the Club I expressly acknowledge and agree that I will have no right to make any representations to the handicapper before any decision is made to review my handicap and there shall be no appeal whatsoever from any decision of the Board of Directors in relation to a review of my handicap.

Signature of Applicant:**Date:**.....

JUNIOR MEMBERS ONLY: I hereby consent to the above applicant becoming a member of Toukley Golf Club:

Parent or Guardian:Date:.....

Office Use Only

Date Paid: _____ Date Elected: _____ Amount Paid: _____ Member Number: _____ Receipt No: _____

Photo ID: Y/N Type: _____ Number: _____ Sighted By: _____